

## DMV Lane Technician Observation Report

DMV Technician: <u>Kiburz Ted</u>		Position: <u>Cor 2</u>	
Station: <u>Dover</u>		Date: <u>5-22-14</u>	Time: <u>2:05</u>
Vehicle Make: <u>Chrysler</u>		Model: <u>T4C</u>	Year: <u>2009</u>
GVWR: <u>6060</u>	Fuel Type: <u>GAS</u>	Registration Number: <u>PC158086</u>	
Auditor:		<del>Covert</del> <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Hottie Bob</u>		Position: <u>1</u> or 2	
Station: <u>Dover</u>		Date: <u>5-22-14</u>	Time: <u>1:35</u>
Vehicle Make: <u>Nissan</u>		Model: <u>Pathfinder</u>	Year: <u>2003</u>
GVWR: <u>5300</u>	Fuel Type: <u>GAS</u>	Registration Number: <u>1P0163668</u>	
Auditor:		<b>Covert/Overt</b> (Circle One)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Sussex County Only</b>		<input type="checkbox"/>	<input type="checkbox"/>
7. Was <b>Curb Idle</b> testing required?		<input type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment:</b>			

**Original 08/06/2009/TMP**

# DMV Lane Technician Observation Report

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**Original 08/06/2009/TMP**



## DMV Lane Technician Observation Report

DMV Technician: <u>Pieczuski Mike</u>		Position: <u>Cor 2</u>	
Station: <u>Dover</u>		Date: <u>5-21-14</u>	Time: <u>2:40</u>
Vehicle Make: <u>Nissan</u>		Model: <u>Altima</u>	Year: <u>2009</u>
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>949972</u>	
Auditor: <u>Coverdale</u>		<u>Covert/Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<u>L</u>	
2. Was <b>Emissions</b> testing required?		<u>L</u>	
a) Was Emissions testing performed using OBD?		<u>✓</u>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>L</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>L</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>L</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<u>✓</u>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

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## DMV Lane Technician Observation Report

DMV Technician: <i>Wilkins Mark</i>		Position: <i>1</i> or 2	
Station: <i>Dover</i>		Date: <i>5-21-14</i>	Time: <i>2:55</i>
Vehicle Make: <i>Honda</i>		Model: <i>Civic</i>	Year: <i>2009</i>
GVWR:	Fuel Type: <i>Gas</i>	Registration Number: <i>225030</i>	
Auditor: <i>Coverdale</i>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<i>✓</i>	
2. Was <b>Emissions</b> testing required?		<i>✓</i>	
a) Was Emissions testing performed using OBD?		<i>✓</i>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<i>✓</i>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<i>✓</i>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<i>✓</i>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<i>✓</i>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

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